



Gold Key Matching Service



Germany Questionnaire

In order for us to assist you in meeting your export goals, please complete our Gold Key Matching Service questionnaire. Our U.S. Embassy or Consulate Staff will use the questionnaire to identify and select companies that can meet your specific needs.

Gold Key Matching Service is requested for the following country: Germany

A. CONTACT INFORMATION

Company Name:	
Company Web Site:	
Contact Person:	Title:
Contact Tel:	Contact Fax:
Contact E-mail:	
Alternate Contact:	Title:
Alternate Contact E-mail:	Alternate Contact Tel:

B. COMPANY INFORMATION

Company Activity: (select all that apply)	
<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Service Company
<input type="checkbox"/> Exclusive distributor	<input type="checkbox"/> Franchisor
<input type="checkbox"/> Export Management Company	<input type="checkbox"/> Other (please specify):
Has your firm ever used the Gold Key Matching Service? <input type="checkbox"/> Yes <input type="checkbox"/> No	
When?	Where?
Are you currently working with a U.S. Export Assistance Center (USEAC)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please provide USEAC City and Trade Specialist name:	

C. PRODUCT/SERVICE INFORMATION

HS Code:	Does your product contain at least 51% U.S. content? <input type="checkbox"/> Yes <input type="checkbox"/> No
Briefly describe the product/service(s) you seek to promote. Include its applications and unique features that differentiate your product from the competition. Describe its competitive advantages and unique selling proposition.	
Who are your major competitors at home and abroad?	

List the most important end-users or end-user industries for this product/service.
How is your product typically distributed and marketed in the United States (and in other countries if applicable)?
What type of licensing or registration does it require in the U.S.?
What related products might an agent/distributor of this product also handle?

D. BUSINESS OBJECTIVES

What type of business contacts are you seeking? <input type="checkbox"/> Distributor / Wholesaler <input type="checkbox"/> Agent / Sales Representative <input type="checkbox"/> Franchisee	<input type="checkbox"/> Joint Venture Partner or Licensee <input type="checkbox"/> Other (please specify):
Is your firm seeking representation on an exclusive basis in this market? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Please describe any preferences, requirements, or pre-qualifications ideal prospects must have, such as English language ability, size, coverage, investment etc.</i>	
Please describe any special features of your company's operations, interests, or objectives in the target market that can help us identify potential business partners.	
Are there any specific companies, or types of companies, you would like us to contact? If so, please name them.	
Are there any specific companies, or types of companies, you would NOT like us to contact?	

If so, please name them.		
Is your company currently represented in this country or region?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, is your distributor aware you are seeking additional representation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

E. GOLD KEY MATCHING SERVICE INFORMATION

Desired Gold Key Dates:	Alternative Dates:
Desired Locations:	
What type of logistical support will you require? (Select all that apply)	
<input type="checkbox"/> Hotel <input type="checkbox"/> Ground transportation <input type="checkbox"/> Interpreter <input type="checkbox"/> Other (specify): _____	

F. PAYMENT

I agree that the full participation fee of \$1130.00 is payable if one or more appointments can be scheduled on the firm's behalf.

Moreover, if I request a bilingual escort on appointments, I agree to pay 1) all incidental expenses incurred therefor and, 2) if the appointments are outside the cities of Berlin, Dusseldorf, Frankfurt am Main, Hamburg, Leipzig or Munich, or the immediate suburbs of those cities, I agree to pay an additional fee of EUR 160.00 per day directly to the contractor provided.

Company _____

Authorized Company Representative Name: _____ Title _____

Signed _____ Date: _____

We can only accept payments by American Express, Mastercard/ Eurocard and Visa.

I authorize the U.S. Commercial Service to charge the following credit card with USD 1130.00

Type of credit card: Name on the credit card.....

Credit card number: valid until:

To complete your application for a Gold Key Matching Service, *please submit the following materials at least 4 weeks before the desired Gold Key dates:*

- Completed Gold Key Matching Service Questionnaire
- Company Introduction Letter on your company letterhead
- Payment via credit card (preferred) or check
- 20 sets of your company brochure
- Signed Participation Agreement